



Foster & Adoptive Care Coalition

FOR EVERY CHILD... A PLACE TO CALL HOME

Foster Friends Application



CONTACT INFORMATION

First & Last Name _____ Today's Date _____

Home Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____

Daytime Phone Home Work Cell _____ Alt. Phone Home Work Cell _____

Email Address _____ Date of Birth _____

Social Security Number _____ Emergency Contact _____ (_____) _____
Phone _____

How did you hear about our Foster Friends program? _____

PROFESSIONAL INFORMATION

Are you 21 years or older? Yes No
Individuals must be at least 21 years of age to become a Foster Friend

If you are still in school, what school do you attend? _____

If you are employed, who is your employer? _____

Special skills/experience/services you are willing to share: _____

BACKGROUND SCREENING

Are you registered with the Family Care Safety Registry (FCSR)? Yes No
(To check, go to www.dhss.mo.gov/FCSR). Registration is required to become a Foster Friend.

If you are already registered with FCSR, do you give Foster & Adoptive Care Coalition permission to conduct a criminal background screening? Yes No

To become a Foster Friend, please submit this application along with:

- ✓ A criminal background screening letter from the Missouri Department of Health and Senior Services' Family Care Safety Registry showing "no finding reported." Volunteers must register at <http://www.dhss.mo.gov/FCSR>. There is a one-time fee of \$10 to register.
- ✓ A \$40 annual membership fee (this membership fee pays for the Parents' Night Out events and other Foster Friends programs). Make checks payable to: Foster & Adoptive Care Coalition.